

**LAKE COUNTY COMMUNITY HEALTH CENTER
GOVERNING COUNCIL
June 26, 2014 Meeting Minutes**

- 1. Call to Order:** Governing Council Chairperson Robert Tarter thanked everybody for coming and called the meeting to order at 12:01 p.m. in the Board Room of 3010 Grand Avenue Waukegan, IL

Members Present

Eula Crawford
Maria Elena Lara
James Macrowski
Frederick McConico
Mary Ross-Cunningham
Robert Tarter
Cynthia Trujillo-Vargas
Dorothy Volkert

Staff Present

Tony Beltran, MBA, Executive Director
Jeanne Ang, MCRP, Director, Primary Care Services
Jerry Nordstrom, MBA, Director, Administrative Services
Omar Cockey, DMD, MPH, Dental Director, PCS
Denise Koppit, RN, MPH, Associate Director, PCS
Kim Wagenaar, RN, MSN, Associate Director, PCS
Sam Johnson-Maurello, LCPC, RDDP, Associate Director, BHS
Pam Riley, CPA, Finance Officer, Administrative Services
Mary Harris-Reese, RN, BS, MA, CQI Coordinator, PCS
Carolyn Waller, Media Specialist, Administrative Services
Jean Mina, Executive Assistant, Primary Care Services

Members Excused

Richard Brown
Mary Ellen Radtke
Patricia White

Staff Excused

Ted Testa, MBA, Psy.D, Director, Behavioral Health Services
Laura Schneider, Policy Analyst, Administrative Services
Diane Pelli, Business Manager, PCS

2. Approval of Minutes:

A. May 22, 2014

Member Mary Ross-Cunningham made the motion to accept the minutes from May 22, 2014. Member Eula Crawford seconded the motion. All in favor. None opposed. The motion carried and was approved.

- 3. Public Comments to the Governing Council:** There were no visitors who spoke at this meeting.

- 4. Executive Director's Report:** Director Tony Beltran requested two additions to the agenda. One is an item for approval which is on the operations of the School Based Health Center in order to pursue the change of scope to HRSA. The other is a discussion on the Libertyville location and the desire to have Primary Care services included in the Behavioral Health at that site.

Member Mary Ross-Cunningham made the motion to modify the agenda in order to add an item to approve the change of scope on the School Based Health Center grant, and a second item to discuss the services at the Libertyville location. Member Eula Crawford seconded the motion. All in favor. None opposed. The motion carried and was approved.

PCS Director Jeanne Ang presented the School Based Health Center report (Power Point presentation included in the packet). In 2010, a grant was provided to perform a feasibility study which found that there was a need and desire from the community to start a school-based health center in the Round Lake area school district. An advisory committee which consisted of community partners was created. After several years of pre-planning which is the first phase of the project, they are now on the planning stage. No local tax dollars will be used to operate the school-based health center. Grant funding and donations will be used to support the school-based health center. Opening date is set for September with the intent to grow slowly and intentionally and with the collaboration of all our partner organizations. Start-up operations will be three days a week until we reach the financial self-sustaining level and we can go to the next level.

A nurse practitioner has been hired as part of the team. There will be a medical assistant hired and a mental health (substance abuse) counselor will be provided by NICASA Behavioral Health Services. Comprehensive services will be provided to the students at the high school. Substance

abuse counseling and education will be given to adolescents. Advocate Condell will be providing nutrition education classes. As we move forward with prenatal services, they are very interested in assisting with prenatal education classes. There will be group sessions on managing diabetes. There are students who are struggling with diabetes, asthma, mental illness, self-mutilation activities and peer pressure (inappropriate texting). With every visit, we will do a brief screening tool to identify any issue including mental health issue early in the visit so we can pull in the mental health providers. Mano A Mano is also a partner who has community counselors that are respected by the community. They will be doing parent education classes. We didn't have enough funding to build dental services so we are going to make direct referrals to our Midlakes clinic.

The school nurse will be the first point of access and will triage the student. Protocols are being discussed and laid out with the school staff.

The Board of Education unanimously voted to provide these comprehensive services on site. We will be completely transparent. All activities will be placed in the school's website. This is not the first school-based health center in the state, but we will be the first to have substance abuse counseling and education integrated when the school-based health center opens.

There will be no drug testing done at the school-based health center. It is not our role. Guidelines in the law will be followed when it comes to dangerous activities such as cutting, sex, and drugs. Life-threatening issues involve clinical determination and we will figure out the barriers and give intervention. What some school health centers do is work to integrate the parents to be involved with care. Mental health care will be given, no kid will be sent home for being "high" without the linkage to our mental health provider.

Member Mary Ross-Cunningham commented and shared her happiness for this school based health center starting operations at this particular location because a couple of her grandchildren attend the high school, one of them is involved in football. This is a very big step for Round Lake. They have a great school system out there!

ED Beltran commented that Brenda Bannor the consultant who works with us just works school based health center, that's all she does so it's very helpful that she has helped us along with this project just like she did with other FQHC's. Many offer a scope of services, but there are barriers of getting the kids there and many times it's the school nurse and administration that impede the kids coming to the health center. In this case, they are pushing it. It is challenge that somehow it is embraced in the culture.

Building construction is due to be completed on August 29, 2014. The building is connected to the Round Lake High School. This board approved the building of a new site when we first received the building grant a couple of years ago. We have to follow the HRSA process to get approval for the scope of services in order to now move on after construction. Therefore, we need approval from the Governing Council to move forward with operations.

Motion was made by Member Cynthia Trujillo-Vargas to pursue with HRSA the change of scope and to approve moving forward with operations of the School-Based Health Center. Member Frederick McConico seconded the motion. All in favor. None opposed. The motion carried and was accepted.

Informational discussion on Libertyville ensued. A formal presentation will be given at the next meeting. ED Beltran introduced the agenda item and gave a verbal description.

With the Grand Avenue clinic downstairs, we pushed the idea of integrating behavioral health and primary care. This is a place where lots of groups are struggling right now. What is the right model? What's the best way and how will it be done? Our PC model has behavioral health as one service someone may need. If someone has severe mental health issues like bipolar or schizophrenia, those are thought about differently – the medical team is shifted: the psychiatrist, the therapist is the primary team along with the nurses and the medical assistants. We care for about 6,000 individuals that have severe mental illness (SMI) or substance abuse or co-existing diagnoses and

are referred to primary care. Downstairs we have behavioral health on one side and primary care across – that structure can actually use more tweaking in terms of how we want to give great care. We're proposing an idea for you to think about at our new site at Libertyville where we have a behavioral clinic that just move in where there are about 1,200 patients who are part of our BH from our Avon township location that moved over. They have severe mental illness. Rather than just referring them to primary care where there is a disconnect, we'd like to actually add primary care into that team, meaning that a client will have a psychiatrist they would see for medication, a therapist, a nurse, and a medical assistant. But rather be referred to a primary care physician, the provider will be there as well. The structure where everything is together will allow us to coordinate better. Right now even downstairs we have nurses in BH and nurses in PC that don't create the same plan of action and even though the Grand Avenue site downstairs was created as an FQHC and using the same electronic medical records, the patients are talking to different people. Our goal in this new location is to become really integrated. It's not a large facility with only three exam rooms so it will not be a full community health center but it is going to serve the patients that are part of BH with primary care. The idea of building in primary care into this site is so behavioral health patients will get in much faster and also the provider will feel more comfortable with treating substance abuse, SMI or co-existing diagnoses.

Converting the new location into an FQHC site will allow us to build the same structure as the location downstairs but a lot more integrated in terms of care, and be able to provide much more comprehensive, coordinated care to patients with SMI.

Chairperson Bob Tarter made a comment that this council is in a cross-roads because of the dilemma that we want to think about in the next month. We have a basic responsibility to expand access to care which is what this council is supposed to be doing. We are also stewards of the money and none of the other operations that we have are self-sustaining. So this has the potential to impact the budget negatively and we need to be thinking about that and how we are going to balance those things. Money will either have to be taken away from another location or we have to get more money.

Member Dr. Macrowski asked if we are going to hire a primary care physician on staff that isn't currently employed. Yes and one of the things we are going to bring to you is the financial model since there is money that will be generated by behavioral health by making it an FQHC site. We have to get to the point of looking at the finances and the staffing. That is why we won't get to a vote today but we are giving you the heads-up.

Member Maria Elena Lara said that it would be good to have a back-up data of the information knowing that with some mental patients it is really hard to get them coming back to see a primary care provider from a behavioral health appointment for mental service. If the person is already here, the likelihood of them seeing their physician is better compare to having them come back. There must be some back up information on what the consequences are of having them referred to primary care and the patient not getting some kind of assistance because of not coming back for follow-up due to mental instability. Finding information (including consequences to mental health patients) to support this proposal will balance the scale in our favor tremendously.

One of the things we have done to research this whole primary care model is really look at data so we know many things from the literature. Patients with severe mental illness die 25 years earlier due to higher risks of medical issues like diabetes, obesity, smoking, cardio-vascular disease. All of those other issues are causing life-spans to be 20-25 shorter on average for people with severe mental illness. So we know that is one of the issues we definitely need to address and is on our strategic plan. The other thing is that we have looked at case studies that show if the patient is in the behavioral health location and we added primary care directly to it, you build trust and decrease ER utilization and hospitalizations. This will improve overall medical health care for them. The ACT patients to be in that grouping are those with SMI at the point of being institutionalized because of the challenges that come with the mental illness versus staying out. So we have looked at a lot of those, we still have to look at what the model will look like but we actually need to go through the approval and we need to involve physicians to be in this team and help develop the model.

The challenge that we have downstairs is the physical setting where it is different staff that is talking to the patients. What we are trying to do at Libertyville is going to be the same front desk staff, the same medical assistants that are taking their vitals, the same nurses, the same behavioral health providers, and the same physicians the patient will see which builds trust.

Member McConico said we are making a big difference in people's lives and as a user of our services has never before received better care and service.

5. Director of Primary Care Services Report: The following items were presented:

A. Items for Approval:

1. **Environment of Care Plans:** This item will be deferred to the next meeting because of a correction that needs to be made and revised prior to the presentation to the board for approval.
2. **Performance Management QI Plan:** The Performance Management Quality Improvement Plan encompasses Behavioral Health and Primary Care. This used to be our QI plan just for Primary Care Services. This is now aligned as a program-wide QI plan and was developed to meet the requirements of the Public Health Accreditation Board.
 - a. **Dental Quality Improvement Plan**
 - b. **Ryan White Quality Management Plan**

Member Mary Ross-Cunningham made the motion to approve the LCHD/CHC Performance Management Improvement Plan including the Dental Quality Improvement Action Plan and the Ryan White Quality Management Plan for 2014-2015. Member Eula Crawford seconded the motion. All in favor. None opposed. The motion was approved and accepted.

B. Approval of Grants: There were no grants submitted for approval at this meeting.

C. Informational Items:

1. **Update on Round Lake School Based Health Center:** The presentation was given earlier in connection to the approval of scope of changes for the School-Based Health Center.

D. Items for Future Meetings: None was discussed at this meeting.

6. Medical Director Report: The report from the Interim Medical Director Dr. Ann Trauscht was included in the packet.

A. Approval of Staff Reappointments - The Personnel Committee has reviewed the re-credentialing documents including verification of licensure of the following providers. The committee has recommended approval from the Governing Council for reappointments:

1. **Yasir Mekki, MD** – Hospital Based Only; Contractual OB/GYN; 14 years
2. **Joseph Nano, MD** – North Chicago HC; Full-time Family Medicine, 4 years

Member Eula Crawford made the motion to accept the re-appointment of the Dr. Yasir Mekki and Dr. Joseph Nano. Member Mary Ross-Cunningham seconded the motion. All in favor. None opposed. The motion carried and was approved.

7. Dental Director Report: Dental Director Dr. Omar Cockey presented his report which was included in the packet. Exciting news is the restoration of Medicaid dental services for adult patients. There is funding for Medicaid adult dental services.

A. Approval of Dental Staff Reappointment: The members of the Personnel Committee have recommended approval from the Governing Council for reappointment:

1. **Irina Bolotnikova, DDS** – BMB; Part-Time Dentist; 2 years

Member Cynthia Trujillo-Vargas made the motion to accept the re-appointment of Dr. Irina Bolotnikova. Member Dr. James Macrowski seconded the motion. All in favor. None opposed. The motion carried and was approved.

- 8. Finance Director Report:** Finance Director Pam Riley gave the May 31, 2014 financial report which showed a deficit of \$710,575. Primary Care Services has a \$1.1 million budget deficit. Medicaid is still lagging and the state is far behind in processing applications of patients enrolled in Medicaid since January. We are watching this very closely so as not to lose any Medicaid funding.
- 9. Subcommittee Reports:** Mary Harris-Reese gave a verbal report on CPR certification. Policy states that all staff that has direct patient-contact must have current CPR certification. PCS has 91% active and current certified staff. We offer CPR classes at LCHD/CHC and will have 100% compliance shortly.
- 10. Old Business:** There was no old business discussed at this meeting.
- 11. New Business:** There was no new business discussed at this meeting.
- 12. EXECUTIVE SESSION:** There was no executive session held at this meeting.
- 13. Adjournment And Next Meeting:**
Thursday, July 24, 2014 at 12:00 noon at the 3010 Grand Avenue Board Room

Member Mary Ross-Cunningham made the motion to adjourn. Member Dorothy Volkert seconded the motion. All in favor. None opposed. The meeting was adjourned at 1:08 p.m.

Respectfully submitted,

Dorothy Volkert, Secretary